

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: COMPONENT WITH A LOGIC CIRCUIT
ARRANGEMENT WITH CONFIGURABLE
FUNCTIONALITY
Attorney Docket Number:: 4001-1207
Request for Early
Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 2
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: JOACHIM
Middle Name::
Family Name:: BANGERT
Name Suffix::
City of Residence:: ERLANGEN
State or Province of
Residence::
Country of Residence:: GERMANY
Street of Mailing ZEPPELINSTR. 43
Address::
City of Mailing Address:: ERLANGEN
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: 91052

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: CHRISTIAN
Middle Name::
Family Name:: SIEMERS
Name Suffix::
City of Residence:: WOLFBURG
State or Province of
Residence::
Country of Residence:: GERMANY
Street of Mailing WOLLGRASWEG 1
Address::
City of Mailing Address:: WOLFBURG

State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: 38446

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2004/003134	3/24/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
GERMANY	103 20 701.5	5/8/03	Yes

Assignment Information

Assignee Name::
Street of Mailing
Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::